

FEB 17 2009

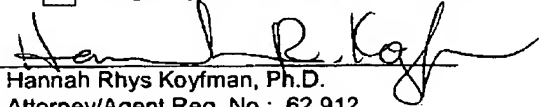

FAX TRANSMISSION**DATE:** February 17, 2009**PTO IDENTIFIER:** Application Number 10/790,640
Patent Number**Inventor:** West et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP
Hannah Rhys Koyfman, Ph.D.**PHONE:** (617) 951-7613**Attorney Dkt. #:** 103080-P04-026**PAGES (Including Cover Sheet):** 18**CONTENTS:** Amendment After Final Action Under 37 C.F.R. 1.116 (16 pages)
Amendment Transmittal (1 page)

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ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

FEB 17 2009

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|---|---|--|-----------------------------------|---------------------------------|------|
| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 103080-P04-026 | | |
| Application No. 10/790,640 | Filing Date March 1, 2004 | Examiner V. E. Bertoglio | Art Unit 1632 | | |
| Applicant(s): West et al. | | | | | |
| Invention: METHODS OF RESTORING TELOMERE LENGTH AND EXTENDING CELL LIFESPAN USING NUCLEAR TRANSFER | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 30 | - 105 = | 0 | x 52.00 | 0.00 |
| Independent Claims | 7 | - 14 = | 0 | x 220.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Hannah Rhys Koyfman, Ph.D. Attorney/Agent Reg. No.: 62,912 | | | | Dated: <u>February 17, 2009</u> | |
| ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7613 | | | | | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-6300, on the date shown below. | | | | | |
| Dated: <u>February 17, 2009</u> | | Signature:  (Pamela Harrison) | | | |

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